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MAY 14 2007DEBRA G. SHOEMAKER, PH.D. **
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ADMITTED ONLY IN JAPANFACSIMILE TRANSMISSIONDate: 5/14/2007
To: USPTO
Fax No.: 571-273-8300
Subject: AmendmentPages: 25 (including this page)
From: Cynthia K. Nicholson

Comments:

Applicant: Lcc

Serial No.: 10/692,793

Filing Date: 10/272003

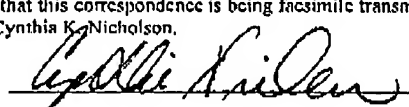
Atty Dkt.: 113708.129

Title: COMPUTER ASSISTED AND IMPLEMENTED PROCESS AND
SYSTEM FOR ANNOTATING AND/OR LINKING ...

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Request for Continued Examination Transmittal;
- (4) 20-page Amendment; and
- (5) PTO Form 2038 (Credit Card Payment Form).

CERTIFICATE OF FACSIMILE TRANSMISSION

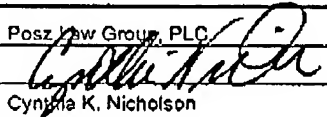
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 14 May 2007.
Typed Name: Cynthia K. Nicholson.Signature: 

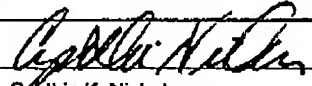
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/692,793
	Filing Date	10/27/2003
	First Named Inventor	Lee
	Art Unit	2178
	Examiner Name	Quoc A. TRAN
Total Number of Pages in This Submission	Attorney Docket Number	113708.129

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (Form PTO-2035) <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal
Remarks 		


SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	14 May 2007	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	14 May 2007

FEE TRANSMITTAL		Application Number		10/692,793	RECEIVED CENTRAL FAX CENTER MAY 14 2007
		Filing Date		10/27/2003	
		First Named Inventor		Lee	
		Examiner Name		Quoc A. TRAN	
		Art Unit		2176	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.		113708.129	
TOTAL AMOUNT OF PAYMENT		(\$)		395	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input checked="" type="checkbox"/> Other (please identify): credit card (Form PTO-2038)	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							<u>Small Entity</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							<u>Fee (\$)</u> 50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							<u>Fee (\$)</u> 25
Multiple dependent claims							<u>Fee (\$)</u> 200
Multiple dependent claims							<u>Fee (\$)</u> 360
<u>Total Claims</u>							<u>Fee Paid (\$)</u> 180
<u>Extra Claims</u>							
- 20 or HP = <u> </u> x <u> </u> = <u> </u>							
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>							
- 3 or HP = <u> </u> x <u> </u> = <u> </u>							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ <u> </u> (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 = <u> </u>	/ 50 = <u> </u>	(round up to a whole number) x <u> </u>	= <u> </u>				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							<u>Fees Paid (\$)</u>
Other: Request for Continued Examination (RCE) Fee - small entity							\$395

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,880
Name (Print/Type)	Cynthia K. Nicholson	Telephone	(703) 707-9110
		Date	14 May 2007